## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 09/890489

| _   |   |                                 | ective OC  | tober 1, 2                              | 000          |                                 |                     | '                      | , 0      |                     | 100                                    |
|---|---|---------------------------------|--|---|--------------|---------------------------------|---------------------|------------------------|----------|---------------------|--|
|   |   | CLAIMS                          | AS FILE  | D - PART                                | ı            |                                 | SMALL               | L ENTITY               |          |                     |  |
| lr  | TOTAL CLAIN                                   | 1S                              | (Colu  | mn 1)                                   | (Co          | Column 2) TYPE                  |                     |                        | Ol       | OTHI<br>SMAL        | ER THAN<br>L ENTITY                    |
| -   |   |                                 |  |   |              | A CONTRACTOR                    | RAT                 | E FEE                  |          | RATE                |  |
| L   | FOR<br>                                       |                                 |  | ER FILED                                | NUN          | MBER EXTRA                      | BASIC               | FEE TU                 | ) 0      | BASIC FI            |  |
|   | TOTAL CHARG                                   | EABLE CLAIMS                    | 3 6  | minus 20=                               |              |                                 | X\$ 9               |                        | 7        | 7/0                 | <del>-  </del>                         |
| 11/   | NDEPENDENT                                    | CLAIMS                          | 11   | minus 3 =                               | •            |                                 | <b>i</b>            | /                      | OF       | `                   |  |
| Ν   | IULTIPLE DEP                                  | ENDENT CLAIM                    | PRESENT  |   |              |                                 | X40=                |                        | OF       | X80=                |  |
| • If the difference in column 1 is less than zero, enter "0" in colum |   |                                 |  |   |              |                                 | +135=               | <u> </u>               | OF       | +270=               | İ                                      |
|   |   |                                 |  |   |              | column 2                        | TOTA                | 500                    | OF       | TOTAL               |  |
|   |   | CLAIMS AS<br>(Column 1)         | OTHER THAN   |   |              |                                 |                     |                        |          |                     |  |
| ۷   |   | CLAIMS                          | 5,000 50,00  | (Colum                                  | nn 2)<br>EST | (Column 3)                      | SMAL                | L ENTITY               | OR       | SMALL               | ENTITY                                 |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT |  | NUMB<br>PREVIO<br>PAID F                | ER<br>USLY   | PRESENT<br>EXTRA                | RATE                | ADDI-<br>TIONAL<br>FEE | -        | RATE                | ADDI-<br>TIONAL<br>FEE                 |
| END   | Total   | ·                               | Minus  |   |              | =                               | X\$ 9=              |                        | OR       | X\$18=              |  |
| ¥   | Independent<br>FIRST PRES                     | ENTATION OF N                   | Minus  |   |              | =                               | X40=                | 1                      | OR       | X80=                | <del> </del>                           |
|   |   | MOLTIPLE DE                     | PENDENT  | CLAIM                                   |              | 105                             | <del> </del>        |                        |          |                     |  |
|   |   |                                 |  |   |              |                                 | +135=               |                        | OR       | +270=               |  |
|   |   | /O 1                            |  |   |              |                                 | TOTAL<br>ADDIT. FEE | L                      | OR,      | TOTAL<br>ADDIT. FEE |  |
| _   |   | (Column 1)                      | T  | (Column                                 |              | (Column 3)                      |                     |                        |          |                     |  |
| AIMEN DINICINI D  |   | REMAINING<br>AFTER<br>AMENDMENT |  | NUMBE<br>PREVIOU<br>PAID FO             | R<br>ISLY    | PRESENT<br>EXTRA                | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL                        |
| 5   | Total   | •                               | Minus  |   |              | =                               | X\$ 9=              | 1                      | OR       | X\$18=              | FEE                                    |
|   | Independent                                   | <u> </u>                        | Minus  | ***                                     |              | =                               | X40=                | <del> </del>           |          |                     |  |
|   | FIRST PRESE                                   | NTATION OF M                    | ULTIPLE DEI  | PENDENT C                               | LAIM         |                                 | X40=                | <del> </del>           | OR       | X80=                | ······································ |
|   |   |                                 |  |   |              |                                 | +135=               | L                      | OR       | +270=               |  |
|   |   |                                 |  |   |              |                                 | TOTAL<br>ADDIT: FEE |                        | OR ,     | TOTAL<br>ODIT, FEE  |  |
| T   | j.,   | (Column 1)<br>CLAIMS            | T  | (Column                                 |              | (Column 3)                      |                     |                        |          |                     |  |
|   |   | REMAINING<br>AFTER<br>AMENDMENT | ACCOUNTS OF THE PARTY OF THE PA | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO | R<br>SLY     | PRESENT<br>EXTRA                | RATE                | ADDI-<br>TIONAL        |          | RATE                | ADDI-<br>TIONAL                        |
|   | Total   | •                               | Minus  | **                                      |              | =                               | \\C 0               | FEE                    | ŀ        |                     | FEE                                    |
| <b>)</b> -  | ndependent                                    | •                               | Minus  | ***                                     | ,            | =                               | X\$ 9=              |                        | OR       | X\$18=              |  |
| <u> </u> F  | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |  |   |              |                                 | X40=                |                        | OR       | X80=                |  |
| lf ti   | he entry in colum<br>he "Highest Num          | +135=                           |  | OR                                      | +270=        |                                 |                     |                        |          |                     |  |
| "If t   | he "Highest Num                               | ther Proviously Pa              | 10 FOR 114 THIS  | SPACE IS les                            | ss than 2    | 20, enter "20."                 | TOTAL<br>ADDIT. FEE |                        | OR 🚜     | TOTAL<br>DDIT. FEE  |  |
| ſħ  | e "Highest Numb                               | er Previously Paid              | For (Total or  | Independent)                            | is the h     | o, enter 3.<br>ighest number to | ound in the app     | ropriate box           | in colur | nn 1.               |  |
|   |   |                                 |  |   |              |                                 |                     |                        |          |                     |  |